## **Township of Bensalem Homeowners Assistance Grant Senior Citizen Application** 2020

Print in ink or type

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Part A Homeowner's Identification					Part B 2019 Household Income		
1. Name	-			7.	Wages, Salaries and Other Compensation	\$	
2. Addres (as of J	s uly 1, 2020)			8.	Half of Social Security and Railroad Retirement Benefits (50%)	\$	
				9.	Pensions and Annuities	\$	
3. Phone				10.	Interest and Dividends	\$	
4. Birth Date	-	/ Month D	/ Day Year	11.	Capital Gains	\$	
<b>5.</b> Spouse	s's First Name			12.	Other Income	\$	
6. Spouse Birth Da	-	/ Month D	/ Day Year	13.	Total Household Income Attach Proof of Income for 2019	\$	
				If line 13 is more than \$20,000 - you do not qualify			

Fraudulent claims will be disallowed in full.

I declare that to the best of my knowledge and belief the above is true, correct, and complete.

Homeowner's Signature **Date** 























★ PLEASE REMEMBER TO PROVIDE PROOF OF INCOME ★



















# Township of Bensalem Homeowners Assistance Grant Senior Citizens Application - 2020

# Eligibility Criteria - Additional \$150 Homeowners Assistance Grant

- 1. Applicant must be sixty-five (65) years of age or over by December 31, 2020.
- 2. Applicant must own the property and it must be your primary residence as of July 1, 2020 for which additional grant money is sought.
- 3. Only one additional grant is eligible per household.
- 4. Applicants must qualify as low income. Low income is defined as under \$20,000 per household (year 2019). Total income for the year 2019 includes only 50% of Social Security Benefits.
- 5. Applications must be received in the Township's Finance office no later than August 17, 2020.

Mail to: Township of Bensalem

**Attn: Finance Department** 

2400 Byberry Road Bensalem, PA 19020

# Township of Bensalem Homeowners Assistance Grant Senior Citizens Application - 2020

### Specific Instructions - Additional \$150 Homeowners Assistance Grant

#### Part A – Homeowner's Identification

Please complete in full (lines 1-6).

Note: you must own the property and be your primary residence as of July 1, 2020.

#### Part B - 2019 Household Income

When completing lines 7 through 13, combine the total income received by all members of the household during 2019.

**Income** means all income from whatever sources including salaries, wages, bonuses, commissions, income from self-employment, alimony, support money, cash public assistance and relief, the gross amount of any pensions or annuities including railroad retirement benefits, all benefits under the Federal Social Security Act (except Medicare benefits), all income from state unemployment insurance and veterans' disability payments, all interest received from federal and state government, income from capital gains, rentals, workers' compensation insurance benefits and gifts of cash or property in excess of a total value of three hundred dollars (\$300). Income shall not include surplus food or other non-cash relief supplies by a governmental agency or property tax assistance. Review of tax return may be required.

#### Line 7: Wages, salaries and other compensation

List the total amount received in 2019 by all members of the household.

#### Line 8: Social Security, SSI and Railroad Retirement

List 50% of the total combined annual amount received by all members of the household.

#### Line 9: Pensions and Annuities

The full amount of all types of pensions and annuities received in 2019 must be included.

#### Line 10: Interest and Dividends

Include interest and dividends credited or received during 2019 from any source, regardless of whether you actually received the cash.

#### Line 11: Capital Gains

Include the entire amount of capital gains realized during 2019.

#### Line 12: Other Income

Report the total amount of all other types of income (including rental) received by all members of the household during 2019.

#### Line 13: Total Household Income

Add lines 7 through 12 and enter the total on line 13.

# Sign and date application

# Attach proof of Income for 2019 [Copy of 2019 1040 tax return(s) or copy of 2019 Social Security 1099(s)]